PTO/SB/22 (04-07)

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than one	Attorney or agent under 37 CF Registration number if acting under 37 CF Signature Natasha C. Us Typed or printed name ignatures of all the inventors or assignees of record of the signature is required, see below. Total of forms are subn	entire interest or their repr	(6 Tele								
	Registration number if acting up Signature Natasha C. Us Typed or printed name ignatures of all the inventors or assignees of record of the	nder 37 CFR 1.34	(6 Tele	Date 17) 570-1806 phone Number							
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	attorney or agent under 37 CF	R 1.34.			;						
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	attorney or agent of record. R	egistration Numbe	r <u>44,381</u>								
	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).										
I am th	e applicant/inventor.										
Dej	posit Account Number07-1700	I have encl	osed a duplicate (copy of this she	et.						
	e Director is hereby authorized to charge a	•	•	·	•						
The	e Director has already been authorized to o	charge fees in this a	application to a De	eposit Account.							
Applicant claims small entity status. See 37 CFR 1.27. X A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached.											
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							Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$	
	Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$							
	Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$							
	Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$							
x	One month (37 CFR 1.17(a)(1))	\$120	\$60	\$	60.00						
		<u>Fee</u>	Small Entity F								
	application. sted extension and fee are as follows (che	ck time period desi	red and enter the	appropriate fee	e below):						
	equest under the provisions of 37 CFR 1.13	36(a) to extend the	period for filing a	reply in the abo	ove						
Art Unit N/A			Examiner	Not Yet Assi	gned						
For Dec	ep Well Irrigation Pump										
-			Filed								
	Application Number 10/579,513			May 12, 200	6						
	FY 2006 rsuant to the Consolidated Appropriations Act, 2		KCK-002								
		7 CFR 1.136(a)	Docket Number (Optional)								